

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-050392

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JAN 3 1964

1. PLACE OF DEATH

a. COUNTY

ST LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

KIRKWOOD

Length of stay in 1b

5 WKS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

ST JOSEPH HOSPITAL

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

ST LOUIS

c. CITY
OR TOWN

CONCORD VILLAGE

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS

10509 CONCORD SCHOOL RD

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

ANNA

M

STEFFEN

4. DATE
OF DEATH

Month

Day

Year

DEC - 22 - 1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

6-8-1890 73

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY

HOME

11. BIRTHPLACE (City and state or country)

ST LOUIS MO

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

WILLIAM GERTRING

13b. MOTHER'S MAIDEN NAME

MARGARETHA FERKEL HENRY W. STEFFEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

NIL

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
EDGAR STEFFEN 9939 TIMOTHY LN
REDFON 25 MO18. CAUSE OF DEATH (Enter only one cause)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Thrombosis Right Side

INTERVAL BETWEEN
ONSET AND DEATH

4 WEEKS

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arteriosclerotic GANGRENE left leg

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1948 to 12-22-63 and last saw her alive on 12-22-63
Death occurred at 7 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Robert W. Tichenor M.D.

22b. ADDRESS

P.O. Box 688 St. Louis MO 63126

22c. DATE SIGNED

11/23/63

23a. BURIAL; CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

12-24-63

23c. NAME OF CEMETERY OR CREMATORY

NEW ST MARCUS Cem.

23d. LOCATION (City, town, or county)

ST LOUIS CO MO

24. FUNERAL DIRECTOR

ADDRESS

FEY FUNERAL HOME, MEHLVILLE MO 12-23-63

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300
Rev. 4/59

DATE AMENDED

1 4003

2 4000

3 2

4 0

5 2

6

7 0

8 2

9 332X

10

11

12 44-0

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Gustav W. Fritsch

Licensed Embalmer No.

4329

P. O. Address

St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.